Name (print): *Daniel R. Meyer Governor*

Office (if applicable):

District (if applicable):

Mailing Address (include city and zip code): *12580 Thomas Creek Road Reno, NV 89511*

Telephone No.: *(775) 852-4537*

E-Mail Address: *dmeyer@source.net*

3/CANSS

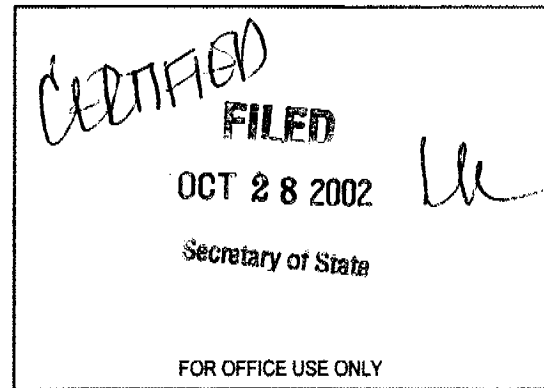**Select Appropriate Box(es)** ☒ CANDIDATE ☐ PAC ☐ BAG ☐ POL PRTY ☐ IND EXP ☐ AMENDED

☐ **Report #1 — Due August 27, 2002**
Office with a 2-year term   Period: Jan. 5, 2001 — Aug. 22, 2002
Office with a 4-year term   Period: Dec. 20, 1998 — Aug 22, 2002
Office with a 6-year term   Period: Dec. 6, 1996 — Aug 22, 2002
BAGs only: Period: Dec. 7, 2000 – Aug 22, 2002

☐ **Report #2 Due — October 29, 2002**
Period: Aug. 23, 2002 — Oct. 24, 2002

☒ **Report #3 Due — January 15, 2003**
Period: Oct. 25, 2002 — Jan. 3, 2003
BAGs only: Period: Oct. 25, 2002 – Dec. 5, 2002

CERTIFIED

FILED

OCT 2 8 2002

Secretary of State

FOR OFFICE USE ONLY

BALANCE

This figure should reflect the balance shown on your last Disposition of Unspent Contributions Report, or last Contributions & Expenses Report, if any _____0_____

CONTRIBUTIONS SUMMARY

"Contribution" means a gift, loan, conveyance, deposit, payment, transfer or distribution of money or anything of value other than the services of a volunteer received. (NRS 294A.007)

1. Total amount of monetary contributions in excess of $100 _____0_____
2. Total amount of monetary contributions of $100 or less _____0_____

   Actual number of monetary contributions of $100 or less _____0_____

3. Interest and income earned on contributions, if any _____0_____
4. **TOTAL AMOUNT OF ALL MONETARY CONTRIBUTIONS** (add lines 1 through 3) _____0_____
5. Total amount of In Kind Contributions _____0_____

EXPENSES SUMMARY

6. Total amount of monetary expenses in excess of $100 _____0_____
7. Total amount of monetary expenses of $100 or less _____0_____
8. Expense for filing fee _____0_____
9. **TOTAL AMOUNT OF ALL MONETARY EXPENSES** (add lines 6 through 8) _____0_____

   Remaining Balance (Subtract line 9 from 4) _____0_____

10. Total amount of In Kind Expenses _____0_____

AFFIRMATION

I declare under penalty of perjury that the foregoing is true and correct.

Signature: *Daniel R. Meyer*

Date Executed On: *10/24/02*